

HEALTH SCHEMES OF GOVERNMENT OF KARNATAKA AND THE EXTENT OF ITS USAGE**HARSHAVARDHANA.B**

Research scholar, BIMS, Manasagangotri, University of Mysore, India.

DR.C.SUMANGALA**Assistant Professor & HOD, Dept. of Management Science, Yuvaraja's College (Autonomous),
University of Mysore, Mysore - 570006, India****ABSTRACT**

The study attempts to investigate the extent of usage of health schemes of Karnataka State Government by the respondents from Rural and Urban areas of Mysore and Chamarajanagar District. A total of 402 respondents of which 178 (102 Chamarajanagar and 76 Mysore) from Rural area and 224 (73 Chamarajanagar and 151 Mysore) from Urban area was selected through stratified random sampling technique. A Semi structured questionnaire was employed to assess the level of the usage of Karnataka State Government Health Schemes. One sample t test has been used to assess the extent of usage of health schemes and Independent samples t test has been used to find out the influence of demographic variables: gender, area and district. On total usage the result revealed that the extent of usage of the health Schemes was less and they were used more by the male and rural respondents than the female and urban respondents. However there were no significant differences in the usage of health schemes among respondents from Mysore and Chamarajanagar district.

Key words: Health Schemes, Health Policy, Karnataka State Government

INTRODUCTION:

Health is central to happiness and well-being of the people. It also makes an important contribution to economic progress, as healthy population live longer, is more productive, and save more. World Health Organisation defines health as *“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”*.

There is a well-understood correlation between improvement in health and the economy of a country, that is as the economy of a country improves, so the health of its citizens. What may be less obvious is that the opposite is also true – improving the health of a nation’s citizens can directly result in economic growth, because there will be more people able to conduct effective activities in the workforce.

Country like India has numerous health issues which needs immediate attention. Within a span of 50 years India has seen many environmental changes that have led to many health issues. The future of India is facing a huge risk because of the unhealthy lifestyle that its vast masses follow. Diabetes is endemic and the number of Indians expected to suffer from it is around 60 million. Hypertension and heart disease afflict millions.

Francis S. Collins (2015) in a study on, "Growing-Importance-Of-Health-In-The-Economy", suggested that in order to improve the health of the people of a country or state it is not sufficient to construct more and more hospitals but must implement various schemes and programmes which ensures better health of the people. In a study by the Pew Research Centre (a nonpartisan American think tank based in Washington, D.C., that provides information on social issues, public opinion, and demographic trends), health presents a challenge for all nations;. effective public health systems are essential for providing care for the sick, and for instituting measures that promote wellness and prevent disease. If the plan is to improve health in a nation by simply building few hospitals that alone won’t solve the problem, but a systematic and well executed schemes will be a great game changer.

Health related schemes have been given great importance by Central and State Government since Indian independence In fact various health schemes were part of first five year plan (1951-1956) which emphasised upon the control of infant mortality. Since the health of the citizens is the true wealth of the nation, various Government schemes are being formulated by the State and Central Government which aims at discouraging unhealthy practices and promoting healthy practices.

Chauhan (2011), in a study titled "Public health in India: Issues and Challenges" explains the evolution of Public Health in India. According to him many Expert Committees, dating back to the Bhore Committee in 1946, reviewed the existing health infrastructure/situation in the country and made recommendations needed to prevent and control diseases including communicable, non-communicable and emerging diseases. Based on these recommendations huge health care infrastructure has been created in the country. As a result of these efforts, a strong health infrastructure has been developed. Many national disease programmes to control/eliminate/eradicate diseases have been set up in the country. In spite of the efforts mentioned above, the growth of public health in India is very slow. The impeding factors for this include very few public health institutes in India and also inadequate national standards for public health education including curriculum and methods. This results in inadequate public health workforce in the country.

India is passing through demographic and environmental transition which is adding to burden of diseases. The first half of the 20th century witnessed a large number of communicable epidemic diseases. After this, there have been major improvements in public health since 1950s. Affordable medicines and tools are now available which are highly effective, when used appropriately. However, there have also been health consequences of urbanization and industrialization. There is persisting inequality in health status due to varying economic, social and political causes. These diseases, disability and death can only be addressed through effective public health schemes and programs.

Kickbusch (1994) defined health promotion as "a process for initiating, managing, and implementing change, a process of personal, organizational and policy development". (Introduction)

REVIEW OF LITERATURE

The author went through several studies that related to the health schemes formulated and implemented by various Organisations and Governments in order to find out the research gap.

Kishore and Ray (2001) in a text titled "The pioneering social reformers of India" explains that, India has a long history where the state had played a great role in restoring the health and safety. Asoka the Great, a Buddhist king is well known for his edicts describing the state responsibility for providing safe water, shelter, trees implantation at the road side, care for sick human beings and animals, suitable place for moral and spiritual education to the people without any discrimination and kind treatment for slaves and servants.

Lalonde (1974) in his research study titled "A new perspective on the health of Canadians: A working document" suggested that the health promotion is a strategy aimed at informing, influencing and assisting both individuals and organizations so that they will accept more responsibility in matters affecting mental and physical health. Don Nutbeam (1998) presented a research paper titled in his study "Health promotion glossary" to WHO. In his paper he stated that health promotion is a process of enabling people to increase control over the determinants of health and thereby improve their health.

From the above studies it is clear that, one of the important aspects in health promotion is involvement of people, organisations and society at large. Every individual, group and Government has certain roles in promoting health. As a matter of fact due importance was being given from thousands of years towards promotion of health.

India has a universal health care system run by the constituent states and territories of India. The Constitution charges every state with "raising the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties". The National Health Policy was endorsed by the Parliament of India in 1983 and updated in 2002. To analyse the National Health Policy, Jugal Kishore, (2012) conducted a study and presented an article titled "Legislation and Health Promotion in India" explained that the health promotion is the process of enabling people to increase control over their health. Empowerment of people through education, vaccination and behaviour change should be brought by people themselves with the help of professional bodies, but in many situations, role of state and legislations is essential to protect the population (e.g. tobacco and alcohol sale near schools). India is one of the largest democracies in the world promoting health of her population by multi-dimensional comprehensive strategy.

Rajasekhar, and Manjula, (2012), in their study entitled, "A Comparative Study of the Health Insurance Schemes in Karnataka" explains that the health policy of the Government of Karnataka emphasises 'equity, integrity and quality in health care'. Till now the State Government has sought to initiate and promote various health schemes that target all the sections of society. Considering the implications of health the State Government sponsored health insurance schemes for the well-being and vulnerability of the poor to health shocks that can mitigate the adverse effects of ill health substantially. Further medical services and surgical procedures entail enormous expenditure, a significant proportion of which is likely to be out-of-pocket expenditure which can be met through the insurance schemes of the Government.

The author after going through various studies highlighting the importance of the health schemes understood that if the health schemes are made attractive and useful, more and more people would make use of such schemes. The impact of various schemes finally depends upon the usage of such schemes which ends up in higher awareness and better health care. Hence it is important to assess the usage of current health schemes of the Government of Karnataka in order to prepare a road map for the future. In this backdrop, it was thought necessary to take up this study entitled, "Karnataka State Government Health Schemes and Its Usage: A Study of Mysore and Chamarajanagar District".

OBJECTIVE

1. To assess the extent of usage of health schemes of Karnataka State Government by the selected respondents.
2. To study the influence of demographic variables-district, area and gender on usage of the schemes.

HYPOTHESES

H1: The extent of usage of health schemes of Karnataka State Government by the selected respondents is less.

H2: Demographic variables – district, area, and gender – have significant influence on the usage of health related schemes.

RESEARCH DESIGN

This research involved both exploratory and descriptive research. Survey was conducted to collect data from the sample respondents. Stratified random sample technique was used to in choosing the sample respondents.

SAMPLE

The sample consisted of, *402 respondents of which 178 (102 Chamarajanagar and 76 Mysore) were from Rural and 224 (73 Chamarajanagar and 151 Mysore) were from Urban area selected through stratified random sampling technique*

Table 1: Distribution of Sample Population

Area	District	MALE	FEMALE	TOTAL	PERCENTAGE
Rural	Chamarajanagar	76	26	102	57%
	Mysore	46	30	76	43%
	Total	122	56	178	44%
Urban	Chamarajanagar	38	35	73	33%
	Mysore	45	106	151	67%
	Total	83	141	224	56%
	GRAND TOTAL	205	197	402	100

PROCEDURE

A list of various schemes formulated and advertised by the State Government's Information and Broadcasting department were collected to find out the level of usage of health schemes. Based on those schemes and advertisements, questions were framed and questionnaire was developed. A total of 15 questions were framed and the respondents were expected to give their responses on a 5 point Likert scale ranging from 'Strongly disagree' to 'Strongly agree'. The answering pattern would be -1- Strongly disagree, 2-Disagree, 3-Cant say, 4-Agree, and 5-Strongly agree. The researcher considered that the respondent should score at least 3 points out of 5 and hence a test value of 45(15x3) was treated as a standard cut-off. The maximum score a respondent can get would be 75 (15 x 5). The above questionnaire has been validated by the researcher and experts in the field using face and content validity. Later reliabilities for the questionnaires were established through Cronbach alpha reliability technique.

In the first instance a pilot study was carried out by obtaining responses from about 100 respondents. The respondents were first briefed about the purpose of the present research study. They were asked to mark their responses honestly and that the responses given by them would be kept confidential. They were asked to go through the questions carefully and chose the response that was most appropriate. They were also told about how they should score depending upon their choice. Questions were read for those who couldn't read or write and their responses were marked by the researcher himself. Later the responses were collected, tabulated and analysed.

The questionnaire was then modified based on the results obtained from the pilot study. Later main research was carried out administering the questionnaire to respondents from rural and urban areas of Mysore and Chamarajanagar districts. The respondents were chosen on the basis of stratified random sampling technique. The sample consisted of 402 respondents. The data collection was carried out over a period of 3 months. The responses were analysed using one sample t test and independent samples t tests.

RESULTS

Table 2: Mean observed and expected usage scores of health schemes and results of one sample t test

Observed Mean	SD	Expected mean	Difference	't' value	P value
28.76	14.67	45	16.24	26.21	.001

When this test score was compared with the sample mean of 28.76, using one-sample t test, a significant t-value of 26.21 was observed with a significance level of .001. In other words, the usage observed was found to be significantly less than the expected value.

Table 3: Mean usage scores of gender, area and district wise respondents and results of Independent samples t test

Variable		N	Mean	SD	't' value	P value
Gender	Male	203	30.29	15.46	2.13	.034
	Female	197	27.17	13.68		
Area	Urban	222	25.63	13.92	-4.88	.001
	Rural	178	32.65	14.70		
Districts	Mysore	226	28.10	14.42	-1.03	.301
	Chamarajnagar	174	29.63	15.00		

Influence of demographic variables:

Gender as a factor influenced the usage of the respondents as there was significant difference observed between male and female respondents ($t=2.13$; $P= 0.34$) with the mean values of 30.29 and 27.17 for male and female respondents respectively in which the male respondent were found to have made more usage of the schemes.

Area as a factor influenced the usage of the respondents as there was significant difference observed between urban and rural respondents ($t=-4.88$; $P= 0.001$) with the respective mean values of 25.63 and 32.65 for urban and rural respondents.

District as a factor did not influence the usage of the respondents as there was no significant difference observed between respondents of Mysore and Chamarajanagar district ($t=-1.03$; $P= 0.30$) with the respective mean values of 28.10 and 29.63.

DISCUSSION

Major findings of the study

- The health schemes used by the selected sample was significantly less.
- Male respondents used the scheme significantly more than the female respondents.
- The rural respondents used health schemes significantly more than the urban respondents.

TESTING OF HYPOTHESES

H1: The extent of usage of health schemes of Karnataka State Government by the selected respondents is less.

The above hypothesis has been ***accepted*** as the level of usage of the scheme was significantly less than the expected.

From the above result, the researcher can conclude that the health related schemes of Government of Karnataka has not been used at the expected level. There could be several reasons for such a result. The publicity of the schemes would not have reached the respondents, or the communication of the schemes is not clear, the understanding level of the respondents could be less, even after awareness the motivation to accept and follow the schemes could be less. To support this view a study carried out by

Sumer Lal Goel puts forth certain views for the failure in the implementation of the scheme. Sumer Lal Goel (2010), in his text "Health Care System and Hospital Administration" highlights few key reasons for the failure of health schemes formulated by the government. According to him the potential reasons could be; Health Experts lack commitment, Opposition from the local practitioners, Insufficient training for the community health workers, Medical Education is urban oriented, Considerable amount of uneducated people, No mechanism for community participation, Exploitation by the community health workers, Absence of proper evaluation technique and Insufficient supply of drugs.

As the researcher progressed through this research several drawbacks were observed. For instance , various health schemes were not being advertised by the government unless it was for some political gain. There was no proper authority which looked after effective implementation and evaluation of such health schemes. People were found to be negligent about their health at times..Health programs were also not effectively utilised as these programs required periodical meetings with the people. Negligence in urban area and ignorance in rural area had been the most deterring factors for the usage of health schemes.

From this the author has a reason to justify that the extent of usage of health related schemes of Government of Karnataka also to be less.

H2: Demographic variables – district, area, and gender – have significant influence on the usage of health related schemes

The above hypothesis has been ***accepted*** in the case of gender and area. When the influence of ***gender*** on the level of usage of health schemes were tested, it was further found that the usage of the health related schemes by male respondents were higher than that of the female respondents. Even though most of the health schemes are aimed at providing benefits to the female population, the study has shown that the usages of schemes are being used by men more than women. As observed by the researcher Shyness, Fear, Lack of education, Feeling of discomfort in using the schemes, Lack of organized efforts by the women groups and Lack of awareness as they are confined to their respective houses might be the reasons why usage of health schemes among women is less as compared to men.

When ***area*** as an independent variable influencing the usage of health related schemes, was tested, the hypothesis has been ***accepted***. The study also shows that the health related schemes are being used more in rural area than urban area. As observed by the researcher the people living in Urban areas rely

more upon commercial health care rather than the Government health care, Government has strongly focused towards rural areas while formulating health schemes, Urban areas are not deprived of those benefits which are provided through such health schemes and people of urban areas can afford expensive health care and doesn't much rely upon the government health schemes. Due to the above reasons the respondents of rural areas have used health schemes more than the respondents of urban area.

When the influence of **district** as an independent variable on usage of health schemes was studied there was no significant difference observed between respondents of Mysore and Chamarajanagar districts. Hence the above hypothesis has been **rejected** for district . As observed by the researcher the government has been making its efforts in creating awareness among the population in general and the efforts are equally made towards Mysore and Chamarajanagar districts which could be the reason for arriving at such a result. This shows that respondents from Mysore and Chamarajanagar has similar awareness and view about the schemes.

However, the researcher is of the view that there can be schemes that can be specific to men on few issues and women on few issues. Government and policy makers can design different schemes for urban and rural populations and different schemes for different districts depending upon the conditions prevailing in the concerned area, which would help further strengthen the usage of schemes formulated by the government. Proper channels of advertisements have to be found in order communicate with the people. The Government seems to consider the scenario of advertisements in rural area to be old fashioned but the modern technology has reached the rural areas as well. Mass SMS and TV advertisements can be emphasized in order communicate well with the rural population. Person who can have considerable influence on people in urban areas should be identified and make them to use various health schemes first before they could influence others to make use of health schemes. Hence the author suggests that the usage of these schemes can be improved in this way.

BIBLIOGRAPHY

Chauhan, LS (2011), Public health in India: Issues and Challenges. *Dr. J. E. Park memorial oration*, Volume 55, Issue: 2 ,Page : 88-91.

Don, Nutbeam (1998). Health promotion glossary. *Health promotion international*, Oxford University Press, Vol.13; No.4

Rajasekhar D, Berg E, Ghatak M, Manjula R, Roy S. *Implementing health insurance: the rollout of Rashtriya Swasthya Bima Yojana in Karnataka*. Econ Polit Wkly. 2011 May 14;XLVI(20):56-63.

Sumer Lal Goel (2010), *Health Care System and Hospital Administration: Management techniques and good governance in health care system and hospital administration*, Deep and Deep Publications Pvt limited, New Delhi, ISBN 978-81-8450-197-1

Jugal, Kishore (2012), Legislation and Health Promotion in India. *Review of Global Medicine and Healthcare Research*, DRUNPP(publisher), Volume 3 No. 2, P.75-86, ISSN: 1986-5872

Jugal, Kishore (2005). *National health programs of India: national policies & legislations related to health*. Century Publications, New Delhi. ISBN 978-81-88132-13-3.

Kickbusch I. (1994) *Introduction: tell me a story*. In: Pederson A, et al., eds. *Health Promotion in Canada: provincial, national, and international perspectives*. W.B. Saunders, Toronto.

Kishore, J., Ray, P.C. (2001) *The pioneering social reformers of India*. Wisdom Publications New Delhi. ISBN 10: 8185435146

Lalonde, M. (1974) *A new perspective on the health of Canadians: A working document*. Government of Canada publication, Ottawa. ISBN 0-662-500019-9

https://www.karnataka.gov.in/spb/Documents/FinalReport-Health_insurance_project.pdf

<http://reports.weforum.org/outlook-global-agenda-2015/>

<http://reports.weforum.org/outlook-global-agenda-2015/top-10-trends-of-2015/10-growing-importance-of-health-in-the-economy/>